

Name  
in  
Full

Janie Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	Not.
Mother's Maiden Name				Mother's Birthplace	" "
Name of person giving information				How related to deceased	Father

Bel Air      Harford

1905 Oct 9      19

Female      Black

Servant      Baltimore Md

Where Residing if not at place of death  
near Bel Air Md

Wm Anderson      Name of Wife or Husband

Laura Robinson      Father

Wm Anderson      Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Supposed to be Poison

Are the name, age, sex, color, date and place correctly given above?

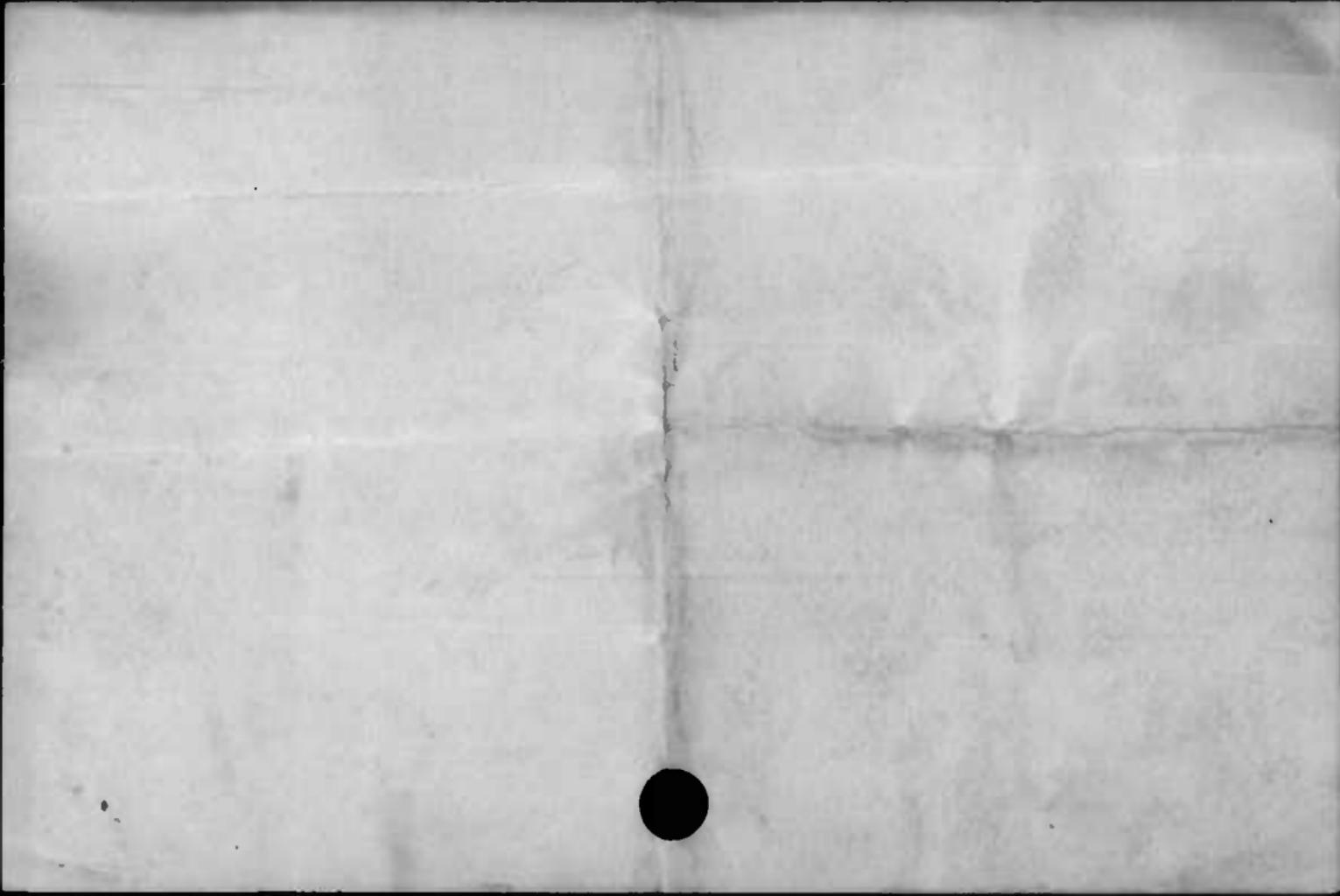
Signature of Physician

Address

Dr Chas. Richardson  
Bel Air Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Virginia Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Magnolia</i>	County <i>Harpers</i>	MARYLAND		
Date of death	Month <i>Oct</i>	Day <i>31</i>	Age <i>6</i>	Years	Months <i>5</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Ind</i>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Wilber Armstrong</i>				
Mother's Maiden Name	<i>Irene Sweeting</i>				
Name of person giving Information	<i>Wilber Armstrong</i>				
	Father				

CAUSES OF DEATH

Primary

*Brain Fever*

How long

*2 days*

Immediate

*Heart Failure*

How long

*Charlottesville  
Edgewood  
Md*

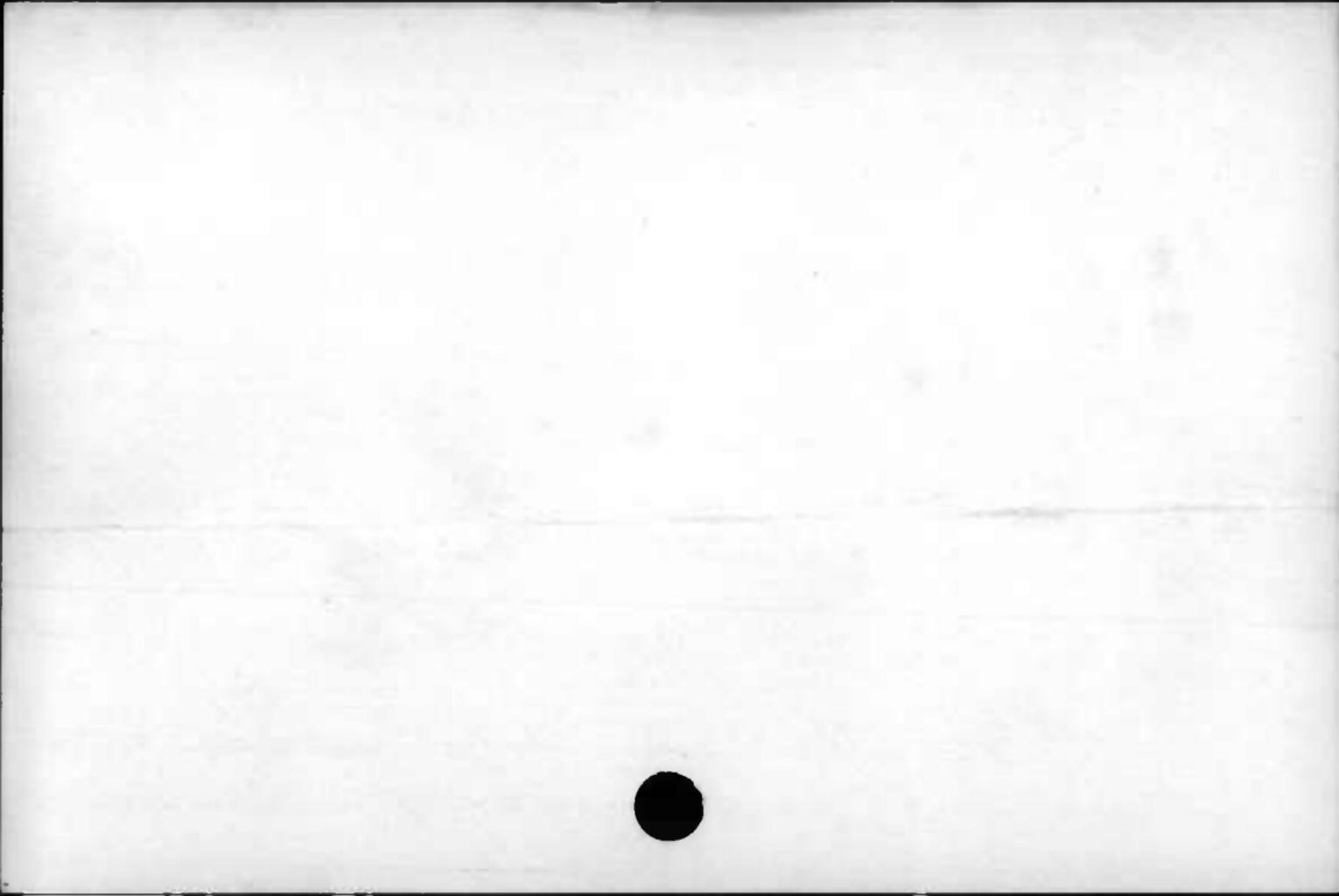
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Hilena Bond

CERTIFICATE OF DEATH

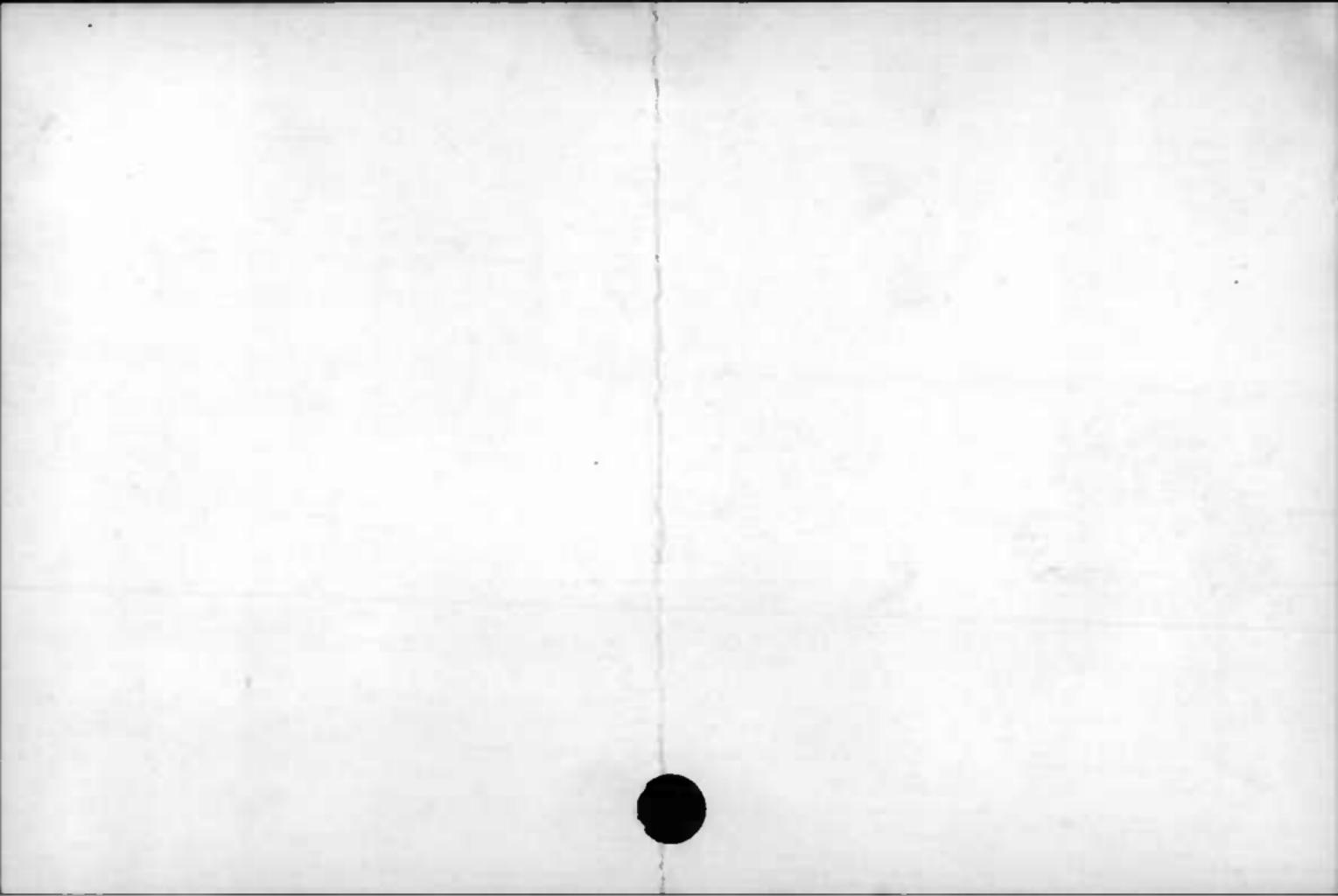
To BE ANSWERED BY  
NEAREST FRIEND

Died at near Benson		Town		County		MARYLAND	
Date of death 1905	Month Oct	Day 11	Years 21			Months —	Days —
Sex Female	Color or Race Colored	Where Residing If not at place of death		Birth-place Harford Co.		near Benson	
Occupation							
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Joshua Bond					Father's Birthplace Harford Co.		
Mother's Maiden Name Harriet Bond					Mother's Birthplace " "		
Name of person giving Information Joshua Bond			(2)		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary tuberculosis	How long	one year
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. F. T. Gorsuch M.D.
		Address	7012 Main
Accident or Suicide?			



Name  
in  
Full

Lena Marie Buchanan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	10	25	2	5	1
Sex	Female	Color or Race	Colored	Birth-place	Maryland.
Occupation	Where Residing if not at place of death				
Married, Single <input checked="" type="checkbox"/> Widow	Name of Wife or Husband				
Father's Name	William Buchanan				
Mother's Maiden Name	Lottie Bond				
Name of person giving information	Irene Buchanan				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Meningitis

(61) ✓

How long

3 weeks

Immediate

Eclampsia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Perrill Maples Jr.  
Bel Air

Accident or Suicide?

Yabco

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John P. Callahan.

CERTIFICATE OF DEATH

MARYLAND

Died at	Stepney	Town	County			
Date of death	1905	Month 10	Day 14	Years 26	Age	Months Days
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	farmer			Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband				
Father's Name	Jarenniah Callahan			Father's Birthplace		
Mother's Maiden Name	Mathurine Cronin			Mother's Birthplace		
Name of person giving Information	Mary E Callahan			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Killed By Train

Are the name, age, sex, color, date and place correctly given above?

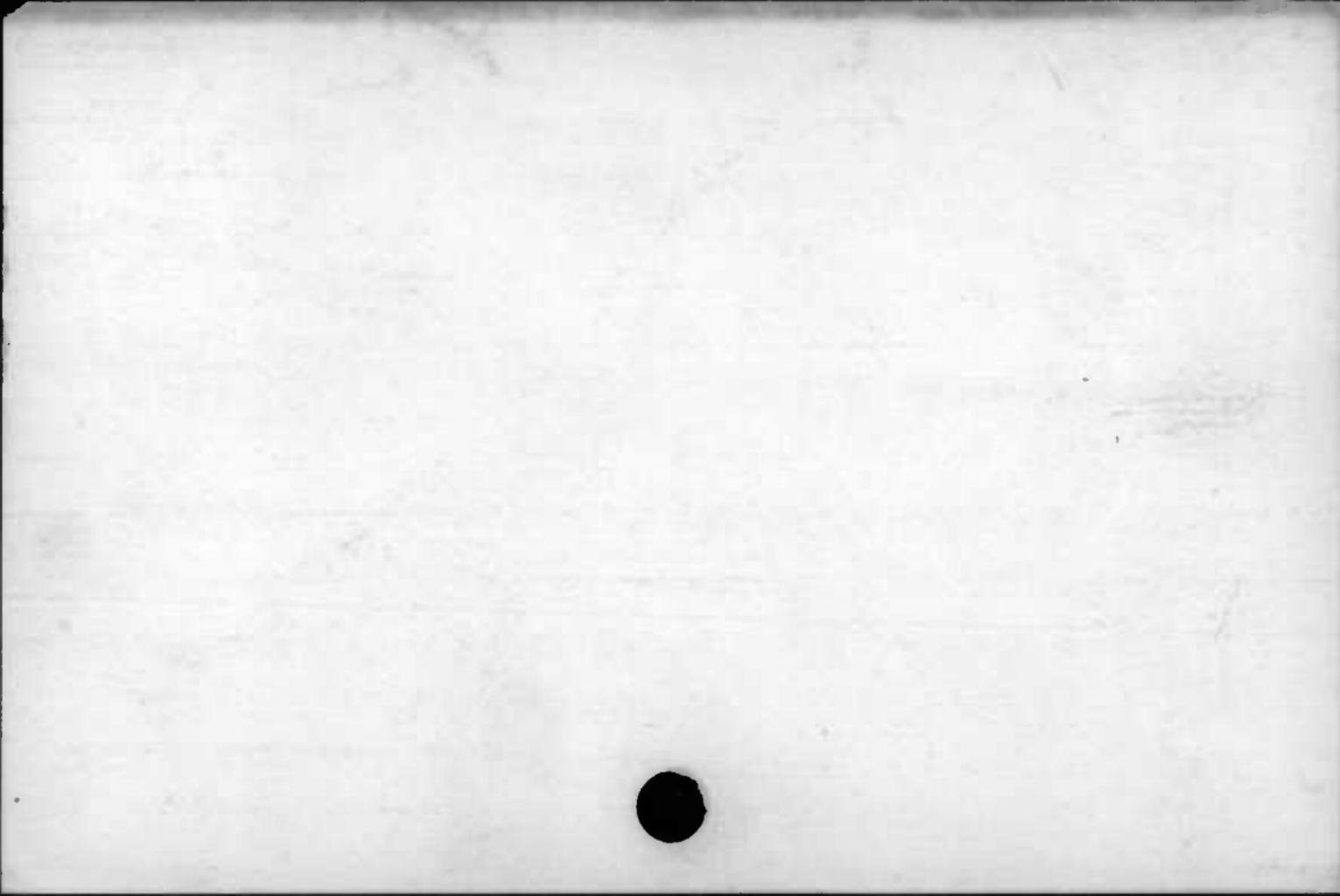
Signature of Physician

Address

Coroner

Jacob P Oaborug P  
Aberdeen

Accident or Suicide?



Name  
in  
Full

J. Frank Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Oct	25	-	9	-
Sex	Color or Race	Age	Birth-place		
Male	white	-	Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Daniel H. Carroll				
Mother's Maiden Name	Lillie M. Dickinson				
Name of person giving Information	Lillie M. Carroll				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inflammation of the Stomach

How long

Immediate

60

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Mr. H. Roberts  
Churclerville

Accident or Suicide?

M. 2 m

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cardiff</u>		Town	County <u>Hanford</u>		MARYLAND	
Date of death <u>1905 Oct 1</u>	Month	Day	Years <u>26</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Delta Pa</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of wife or Husband <u>Hannah Carroll</u>					
Father's Name <u>Hugh E. Hughes</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>					
Name of person giving information <u>Mr Morris</u>	How related to deceased <u>—</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congestive heart failure  How long 3 months

Immediate

"

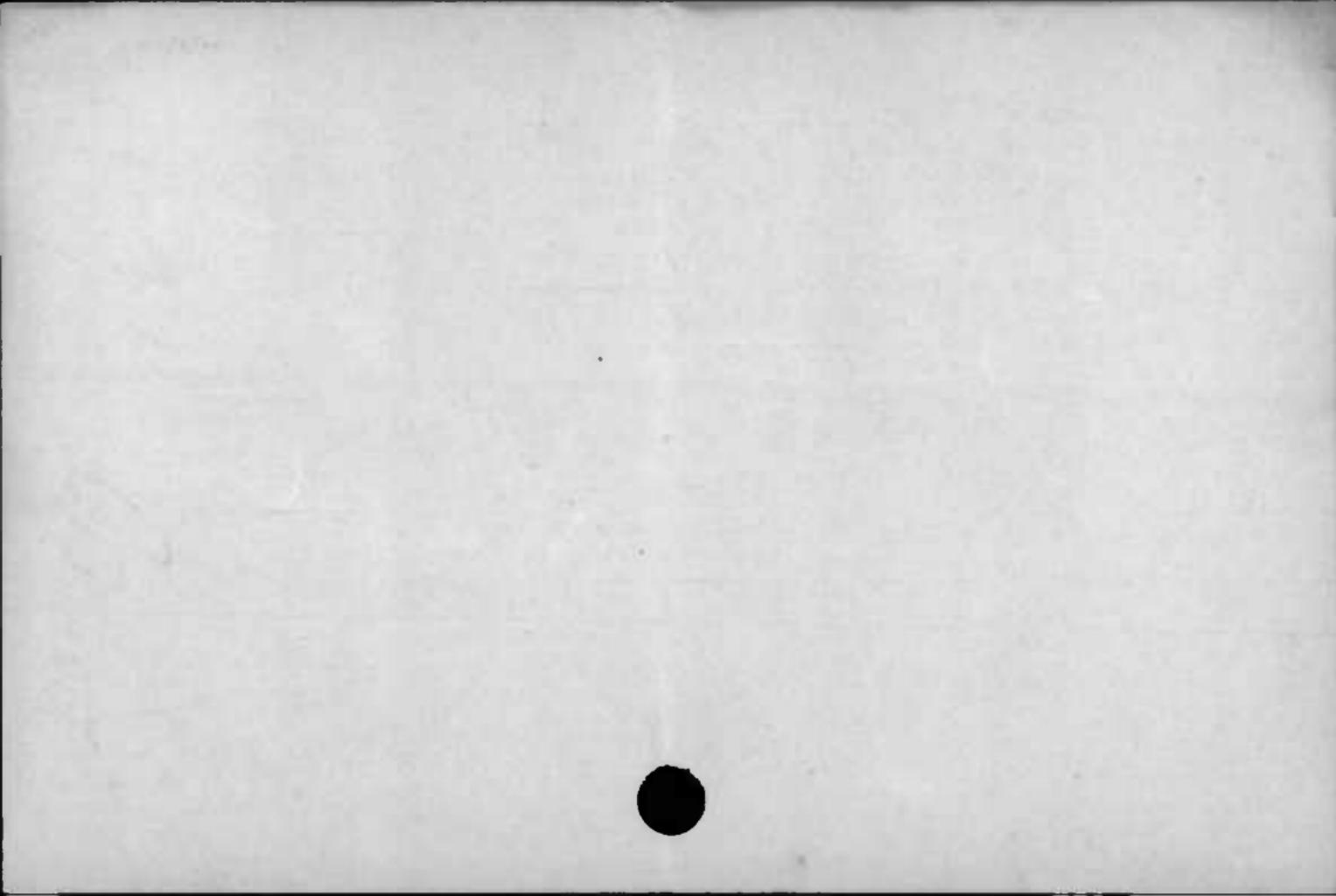
Signature of Physician

Dave Arthur

Address

Street - Md

Accident or Suicide?



Name  
in  
Full

Benfah B. Coale

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Churchville	County	Havre	MARYLAND			
Date of death	Month	Oct	Day	30	Years	22	Months	Days
Sex	Female	Color or Race	White	Birth-place	Churchville			
Occupation	House wife	Where Residing if not at place of death	Gia B. Coale					
Married, Single or Widowed	Married	Name of Wife or Husband	Fred Hanson				Father's Birthplace	Ind.
Father's Name	Eliza E. Weston						Mother's Birthplace	Ind.
Mother's Maiden Name	Ossena B. Hanson						How related to deceased	Aunt
Name of person giving information								

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Syncope, from

How long

Immediate

Belladonna

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Roberts  
Churchville

Accident or Suicide?

Smiths Chapel.

Name in Full

Certificate of Death

B. Margaret Coale,

Glenville, Harford

Died at

MARYLAND

Date 1905

Month Day  
10 - 25

Age 69-5

Y. M.

O.

Native of

Occupation

Indiana Housewife

~~White~~

White

Married

~~Never~~~~Divorced~~

Female

~~Colored~~~~Singer~~

Widower

Number of children living

Husband of

~~Wife~~

Walte, Coale

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Parenchymatos Nephritis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W.S. Gossard M.D.

Address

Churchville [Redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John D. Heckman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Starford	County	MARYLAND
Date of death	Month	Age	Years	Months
1905	Oct.	17	74	11
Sex	Color or Race	White	Birth-place	Days
Male		Pennsylvania		14.
Occupation	Where Residing if not at place of death			
Farmer				
Married, Single or Widowed	Name of Wife or Husband	Alice Anna Heckman	Father's Birthplace	Penn.
Married				
Father's Name	Henry Heckman			
Mother's Maiden Name	Jane Richardson			
Name of person giving information	Wife.			
CAUSES OF DEATH				
Primary	How long			
Immediate	24 hours.			
Dysrhythmia of Heart				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
Yes	J. H. S. D. Heckman, M.D.			
	Address			
	Baltimore,			
	Md.			

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Adelaide Anna De Haven

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month Oct	Day 8	Years 92	Months 6	Days 30	
Sex	Female	Color or Race	White	Birth-place	Pa.		
Occupation		Where Residing if not at place of death					
Married, <u>Single</u> or <u>Widowed</u>		Name or Wife or Husband	Emmett Ind Jessie De Haven				
Father's Name		Gamble					Father's Birthplace Pa.
Mother's Maiden Name							Mother's Birthplace
Name of person giving Information		Rebecca Gain					How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

154

How long

Immediate

Gradual decline

How long

over a year

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. F. Vant Bibb

Address

T 3rd AVE

MD.

Accident or Suicide?

No -

Emmington

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

J. Edward Denbow						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1905	Month Oct	Day 25	Age 27	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore Md.		
Occupation	Laborer		Where Residing if not at place of death	Fultondale			
Married, Single or Widowed	Name or Wife or Husband		A. Euclyde Denbow		Father's Birthplace	Md.	
Father's Name	Wm. H. Denbow				Mother's Birthplace	Md.	
Mother's Maiden Name	Sarah J. Chalk				How related to deceased	Uncle	
Name of person giving information	J. C. Chalk						

CAUSES OF DEATH

Primary Diphtheria  How long

Immediate Intracranial Hemorrhage  How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Chalk Purcell & Wappington,  
Baltimore.

Accident or Suicide?

Mr. Zee



Name  
in  
Full

Wm. H. Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>Mar</u> Aberdeen		Town <u>Havre de Grace</u>	County <u>Havre de Grace</u>	MARYLAND		
Date of death	Month <u>Oct</u>	Day <u>14</u>	Age <u>68</u>	Years	Months <u>4</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Havre de Grace Co</u>				
Occupation <u>Farmer &amp; Fisherman</u>	Where Residing if not at place of death					
Married, Single or Widowed	<input checked="" type="checkbox"/> Married	Name of Wife or Husband	<u>Laura Marshall</u>	<u>Laura Marshall</u>		
Father's Name	<u>Wm. Fletcher</u>					
Mother's Maiden Name	<u>Matilda Michael</u>					
Name of person giving information	<u>Laura Marshall</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

(20)  
(2)

How long

2 yrs -

Immediate

Coma

How long

one day

Are the name, age, sex, color, date and place correctly given above?

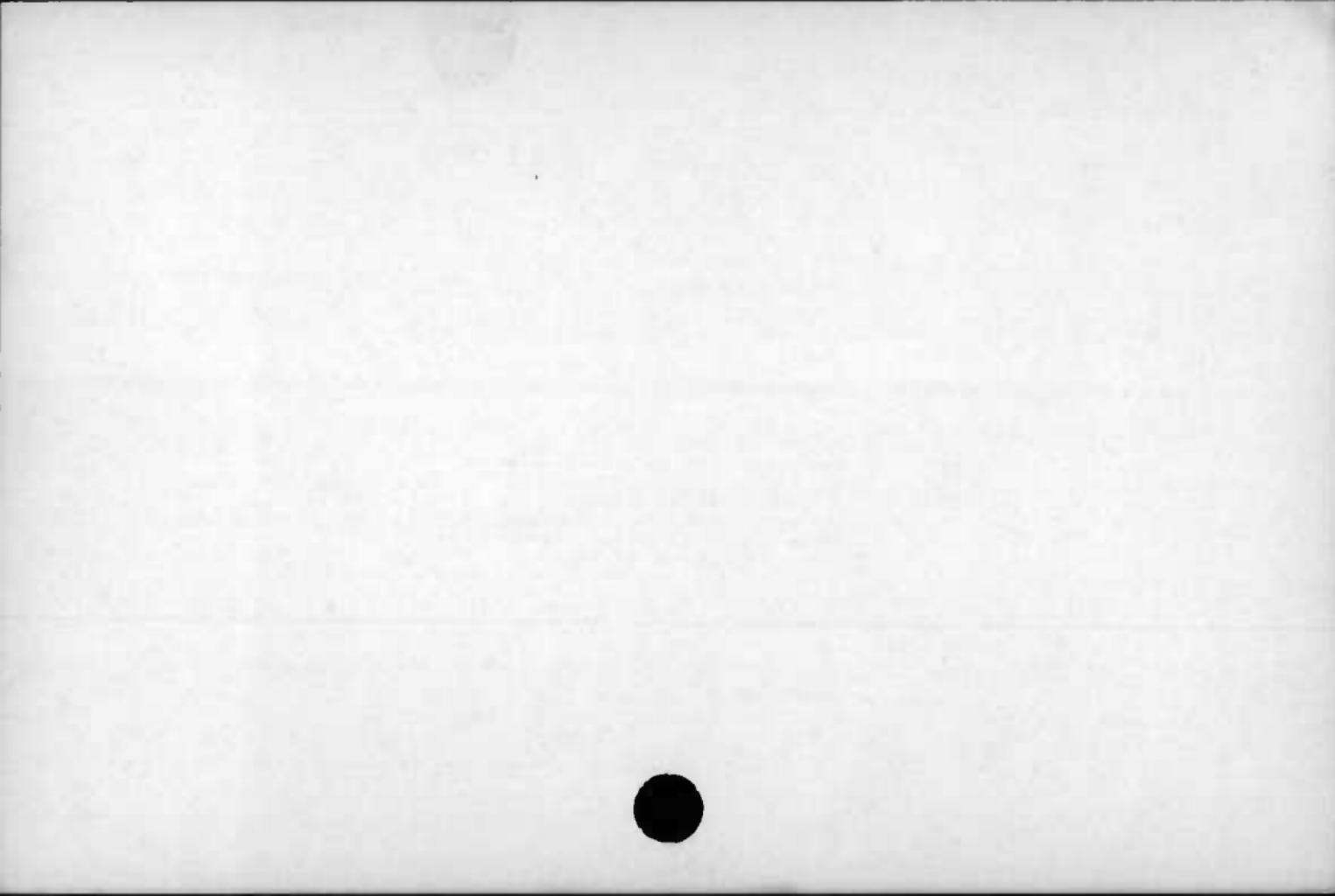
yes

Signature of Physician

Address

Chas H. Kiehl  
Aberdeen,  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

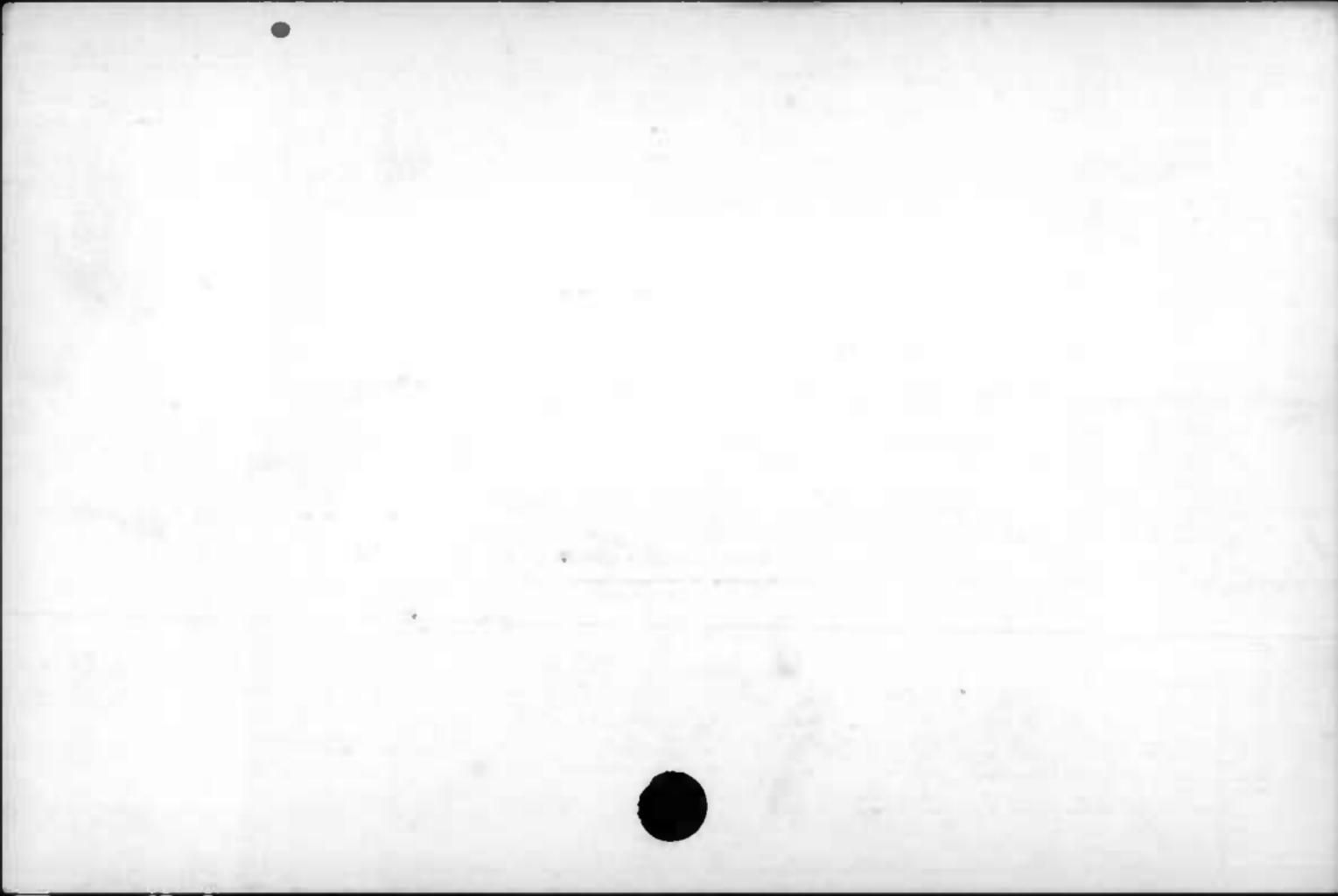
Jasett Gover

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	85-	7	10
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Garrisonville			
Father's Name	Gover	Father's Birthplace	Maryland		
Mother's Maiden Name	Cannot be ascertained	Mother's Birthplace	Maryland		
Name of person giving Information	George Gover	How related to deceased	Son		

CAUSES OF DEATH

Primary	Chronic Intestinal Nephritis		How long	
Immediate	Asthenia		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Bradley M.D.	
		Address	Garrisonville Md.	
Accident or Suicide?				



Name  
in  
Full

Ralph Harkins

CERTIFICATE OF DEATH

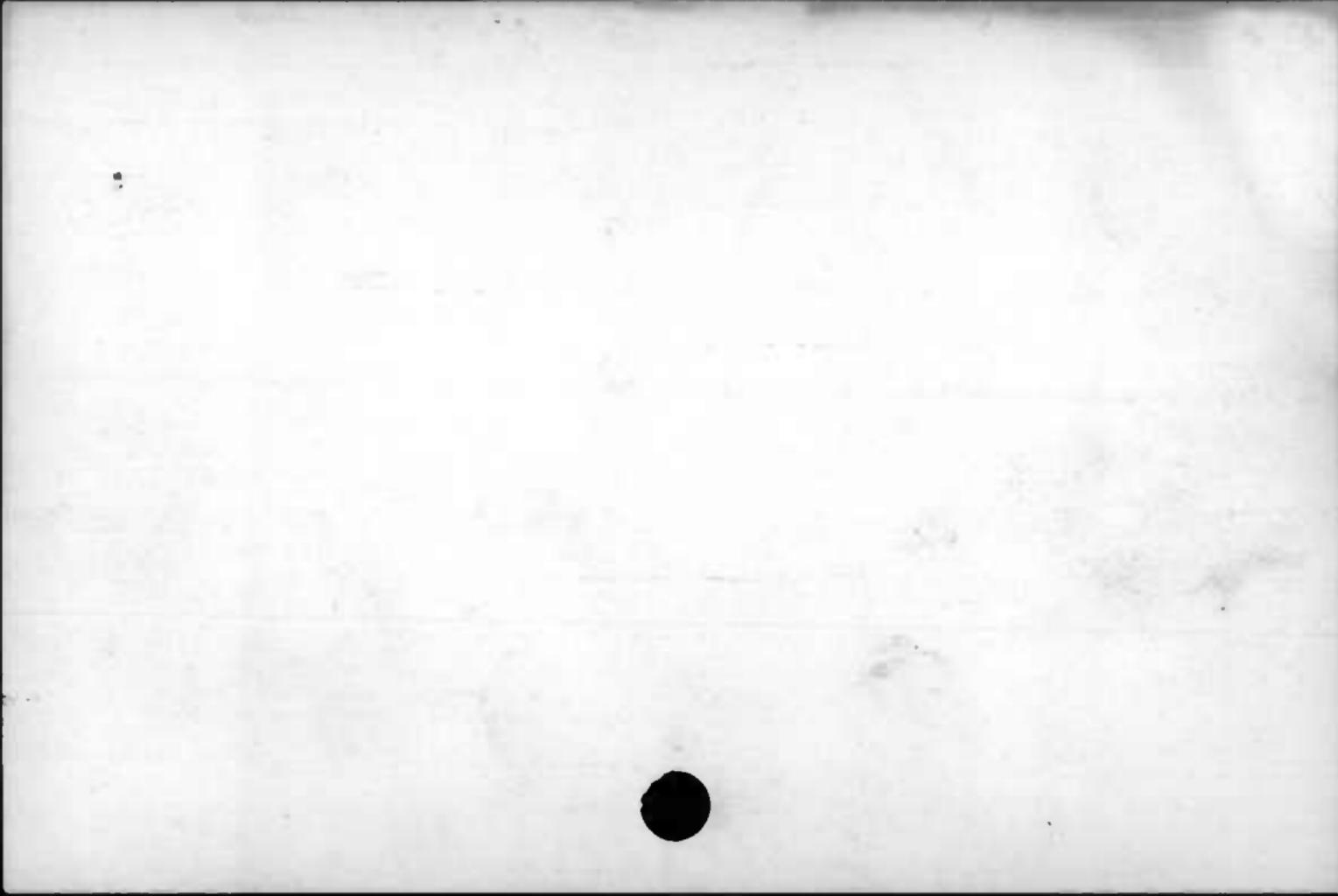
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1905	Oct	20	Age	24
Sex	Male	Color or Race	Birth-place	Maryland
Occupation	Painter		Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	Maryland
Father's Name	Geo J. Harkins		Mother's Birthplace	Maryland
Mother's Maiden Name	Sultisia Grier		How related to deceased	Brother-in-law
Name of person giving information	Joseph Homberger			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs	
Immediate	Syncope	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address	
Accident or Suicide?	H. F. Bradley M.D. Garrettsville Maryland	



Name  
in  
Full

Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Colored	Birth-place	State and	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Father's Name	Emmoy Hill		Mother's Maiden Name	Mother's Birthplace	
Mother's Maiden Name	Dela Mye		Name of person giving information	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

30 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

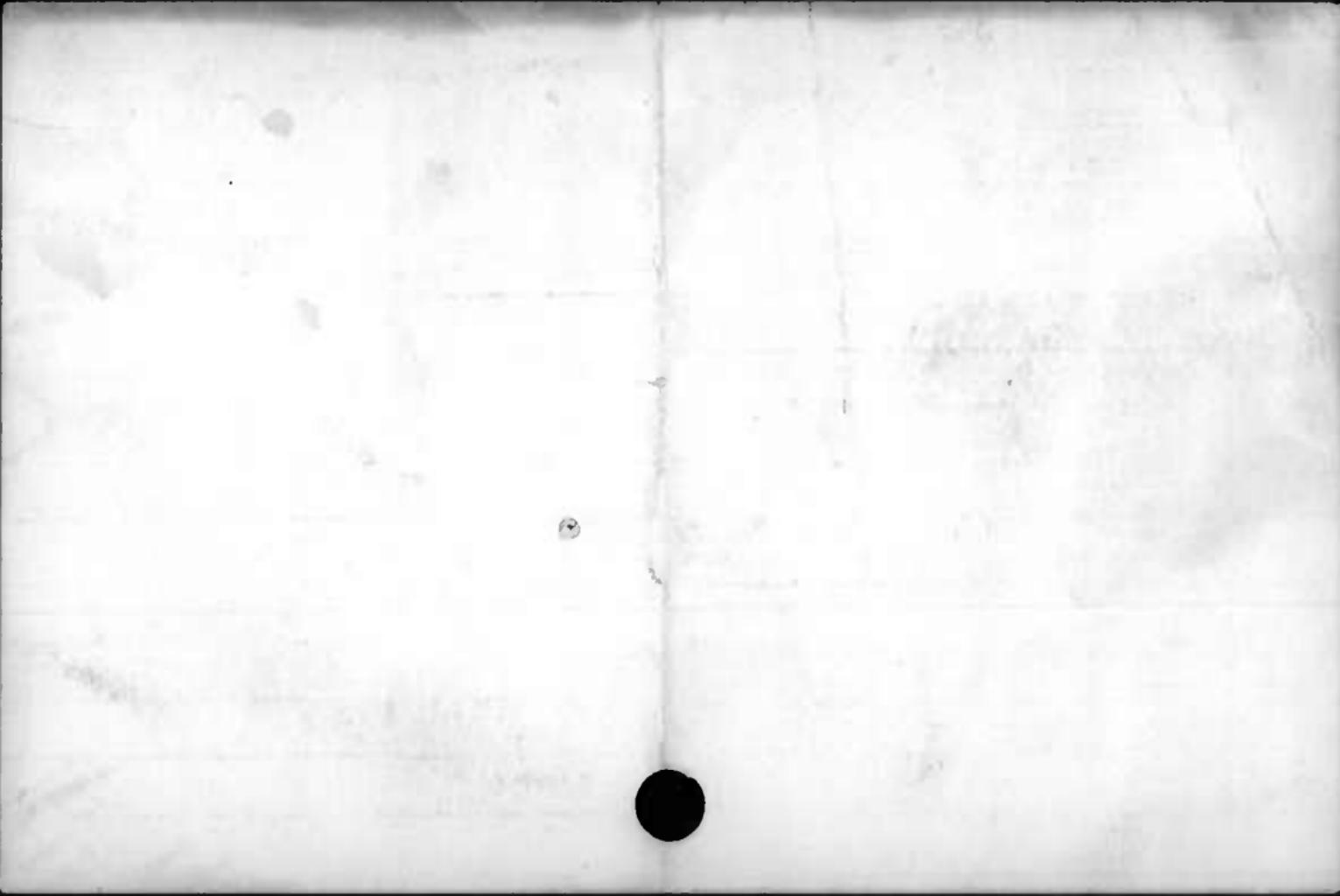
yes

Signature of Physician

Address

G W Tamms  
Street and

Accident or Suicide?



Name  
in  
Full

Sgt Hazel Hughes.

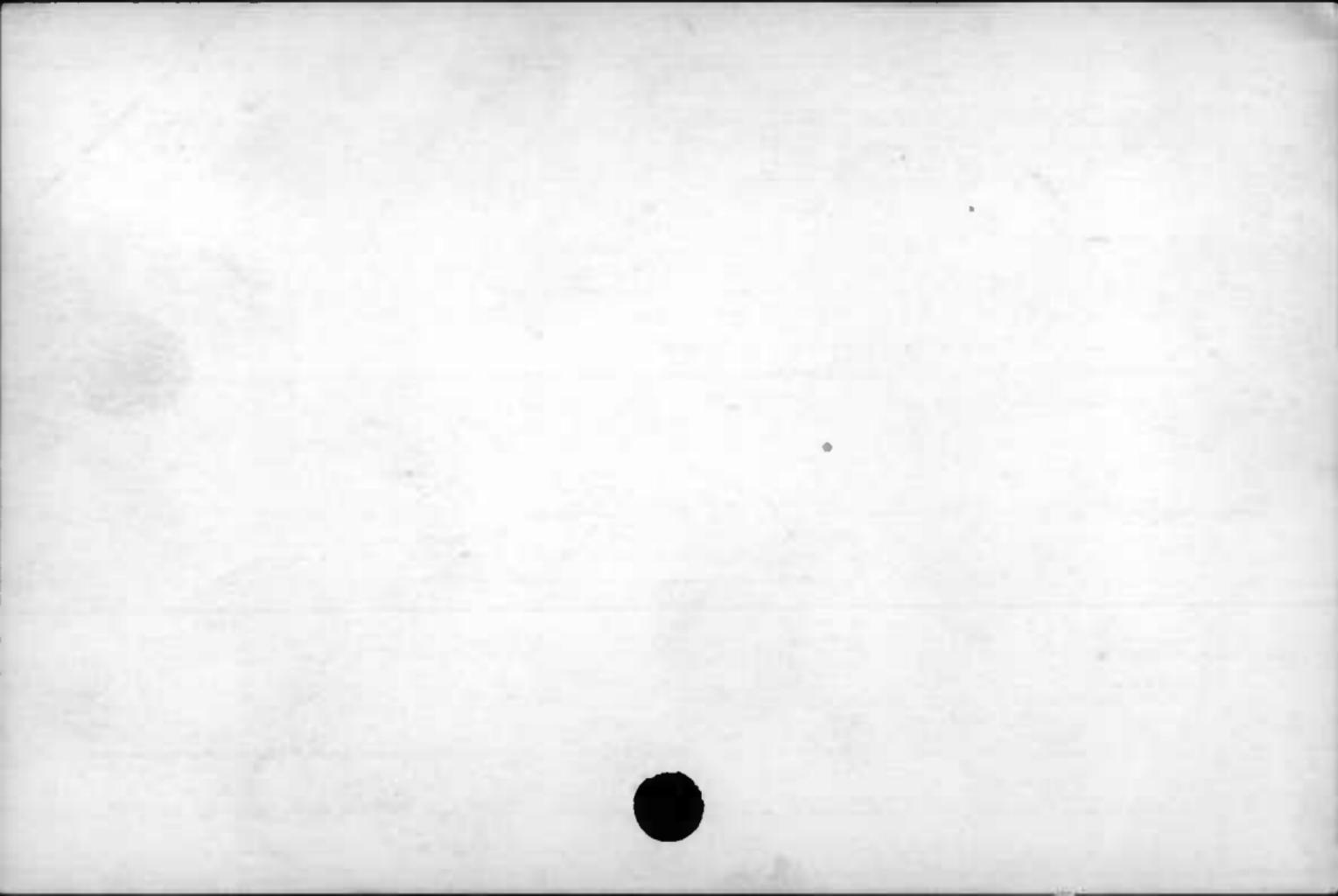
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Paradise	Burford				
Date of death	Month	Day	Years	Months	Days
1905	10	13	Age	7	23
Sex	Female	Color or Race	white	Birth- place	Paradise
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		<del>105</del> Paradise		
Father's Name	Carroll T Hughes		Mother's Birthplace		
Mother's Maiden Name	Verdie Greenland		Mother's Birthplace		
Name of person giving Information	Carroll T Hughes.		How related to deceased		

CAUSES OF DEATH

Primary	Epileptics	How long	3 weeks -
Immediate	Nal Mertukov	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas. K. Kline
Yes		Address	Aberdeen
Accident or Suicide?			No!



Name  
in  
Full

John P. Johnson

CERTIFICATE OF DEATH

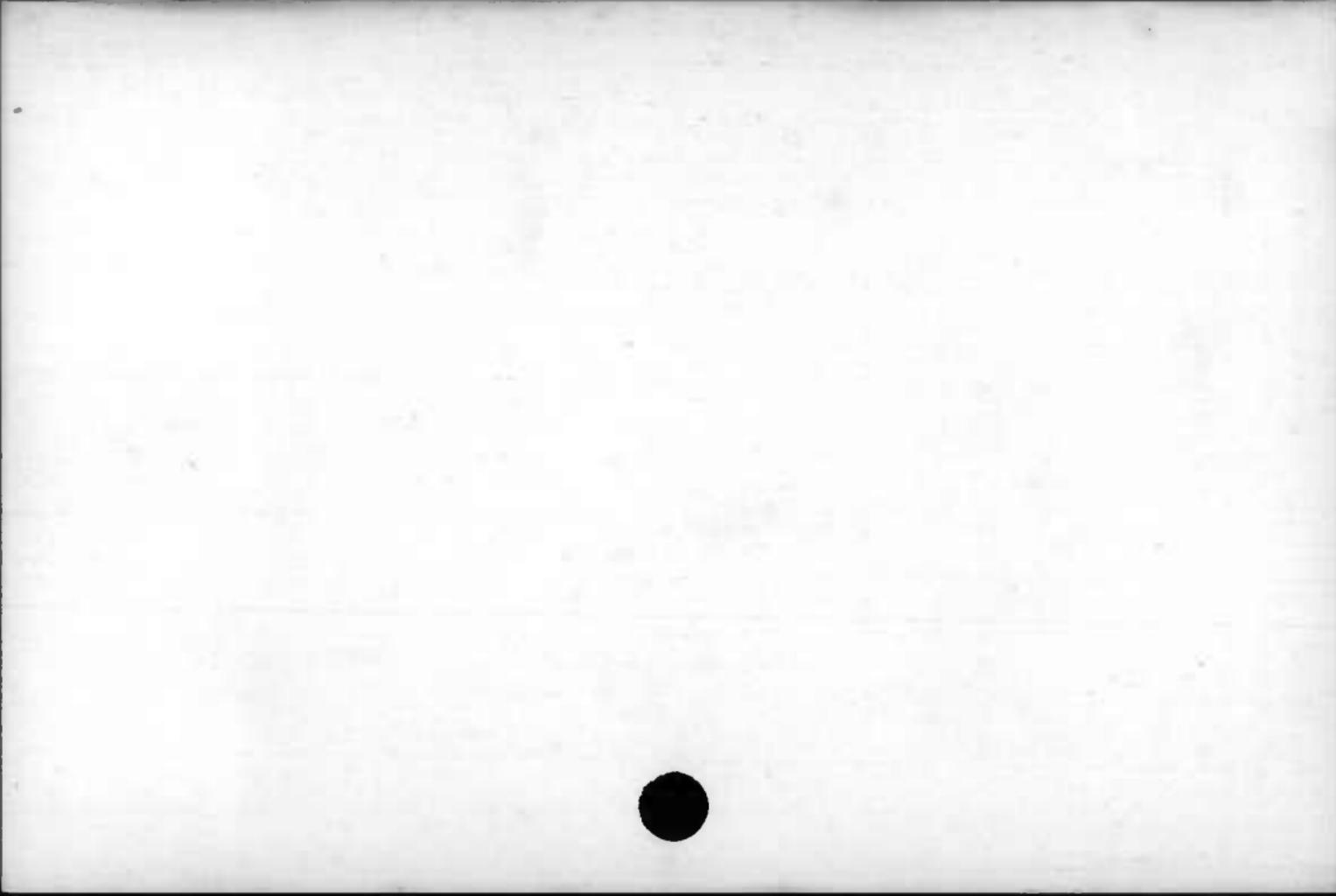
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Braction	Hagerstown			
Date of death	Month	Day	Years	Months	Days
1905	10	3		1	
Sex	Male	Color or Race	White	Birth-place	
Occupation	Faziner	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Sarah Gonnee		
Father's Name	John E. Johnson			Father's Birthplace	Hagerstow
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	✓	How long
Immediate		15	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	N. E. Arthur Hagerstown		



Name  
in  
Full

Hester A Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
1905	10	31	Age 82	-	-
Sex	Female	Color or Race	Balnear	Birth-place	-
Occupation	House Wife		Where Residing if not at place of death	Isaac Johnson	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	Mother's Maiden Name	Mother's Birthplace
Name of person giving information	Sarah Johnson		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old Age

154

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

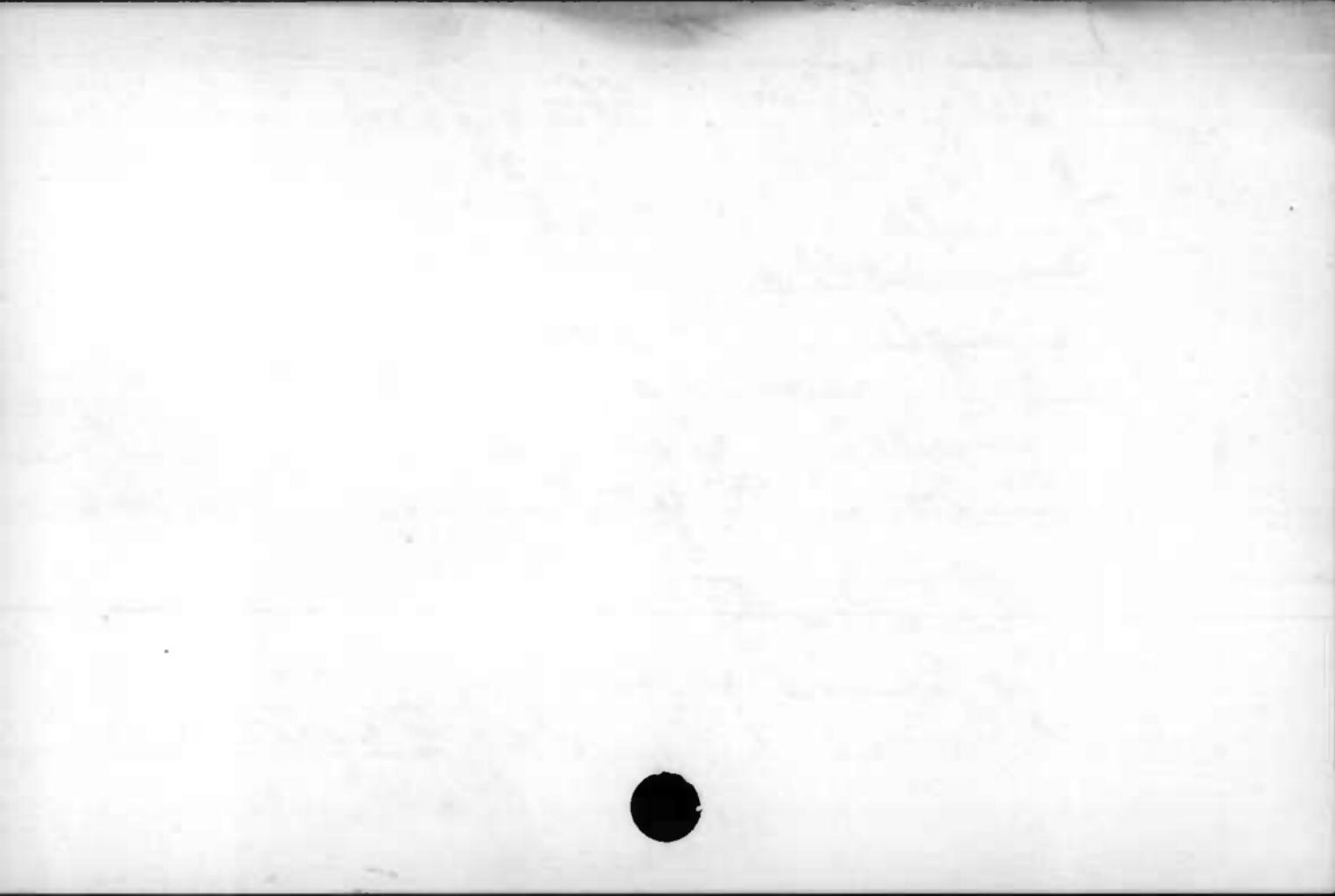
Signature of Physician

HR Indomino

Address

Undulation  
Abingdon Ind

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Amie Jones					CERTIFICATE OF DEATH		
Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race			Birth-place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband			Father's Name			
Father's Name	John Jones		Father's Birthplace				
Mother's Maiden Name	Sallie Jones		Mother's Birthplace				
Name of person giving information	Mr. J. A. Williams		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles -	1	How long	3 weeks
Immediate	Typhoid fever		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Das. F. H. Goseuch
			Address	Folk Md -
Accident or Suicide?				

Clarke Chapel -

Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Town</u> <u>Ryleeville</u>		County <u>Horford.</u>			
Date of death <u>1905</u>	Month <u>10</u>	Day <u>24</u>	Age <u>87</u>	Years	Months Days
Sex <u>Male.</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>	<u>2nd.</u>
Occupation <u>druggist-</u>	Where Residing if not at place of death				
Married, Sing. or Widow <u>          </u>	Name of Wife or Husband <u>          </u>				
Father's Name <u>          </u>				Father's Birthplace	
Mother's Maiden Name <u>          </u>				Mother's Birthplace	
Name of person giving information <u>Warren C. Dyer Jr.</u>				How related to deceased	<u>Sister-in-Law</u>

## CAUSES OF DEATH

Primary	<u>Old age. Senility</u>	<u>154</u>	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>R. Warren. Ramsay</u>
		Address <u>Della Peang-</u>
Accident or Suicide?		



Name  
in  
Full

Eliza Jane Payne

CERTIFICATE OF DEATH

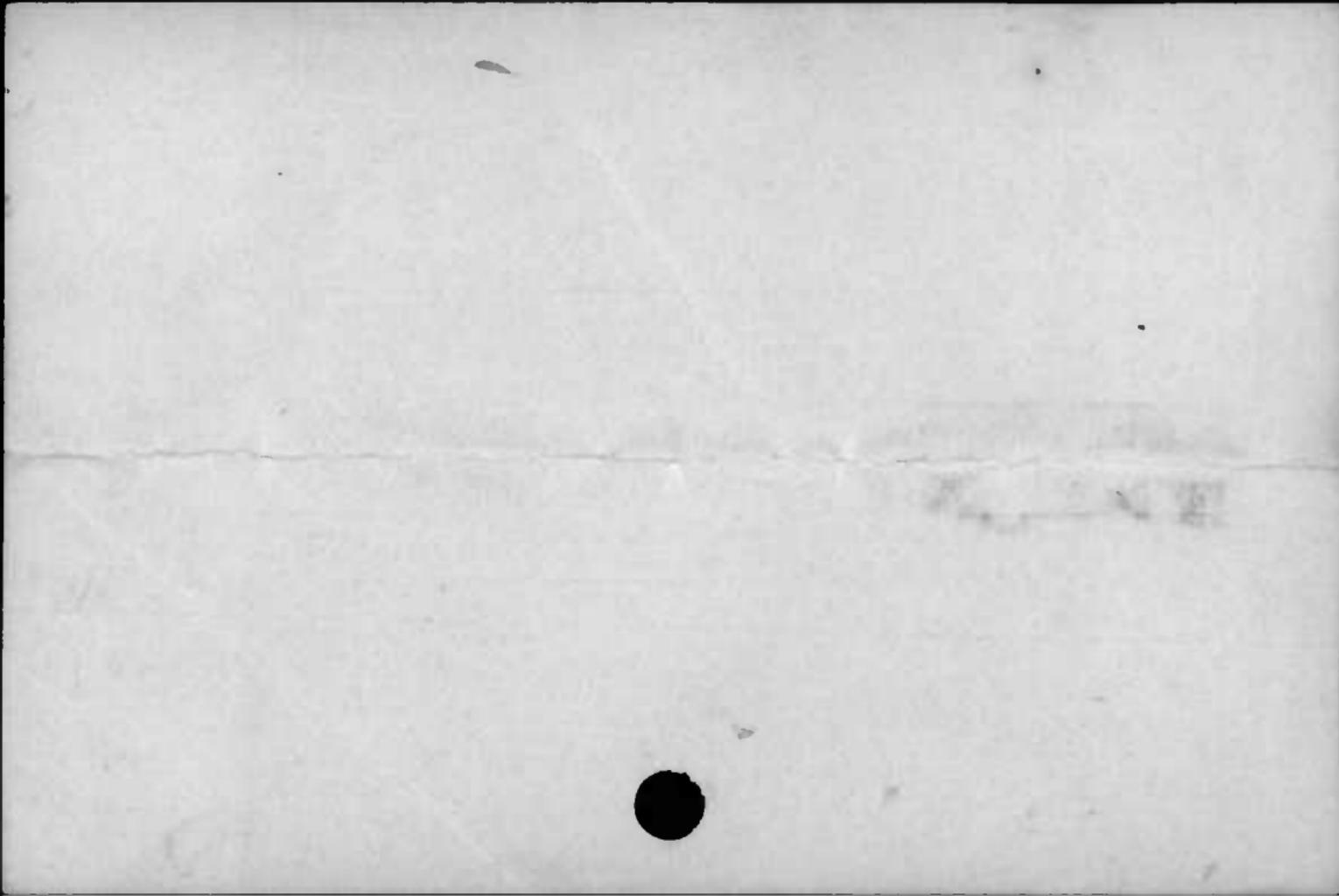
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	Oct.	22	Age 59	3	16		
Sex	Female	Color or Race	White	Birth-place	Harford Co.		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Jmt. J. Payne	Father's Birthplace	Harford Co		
Father's Name	Edward Morris			Mother's Birthplace	Balto Co.		
Mother's Maiden Name	Elizabeth Seitz			How related to deceased	Son		
Name of person giving information	C. Reed Payne						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Gastritis		How long
Immediate	Exhaustion - 100		7 years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		James S. Akhurst	
		Address	Norrisville
Accident or Suicide?			Md



Name  
in  
Full

Elwood L Prigg

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			—
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	James D. Prigg			Father's Birthplace
Mother's Maiden Name	Margret O. Washington			Mother's Birthplace
Name of person giving information	James D. Prigg			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phtisis

(21)

How long

2 mos

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

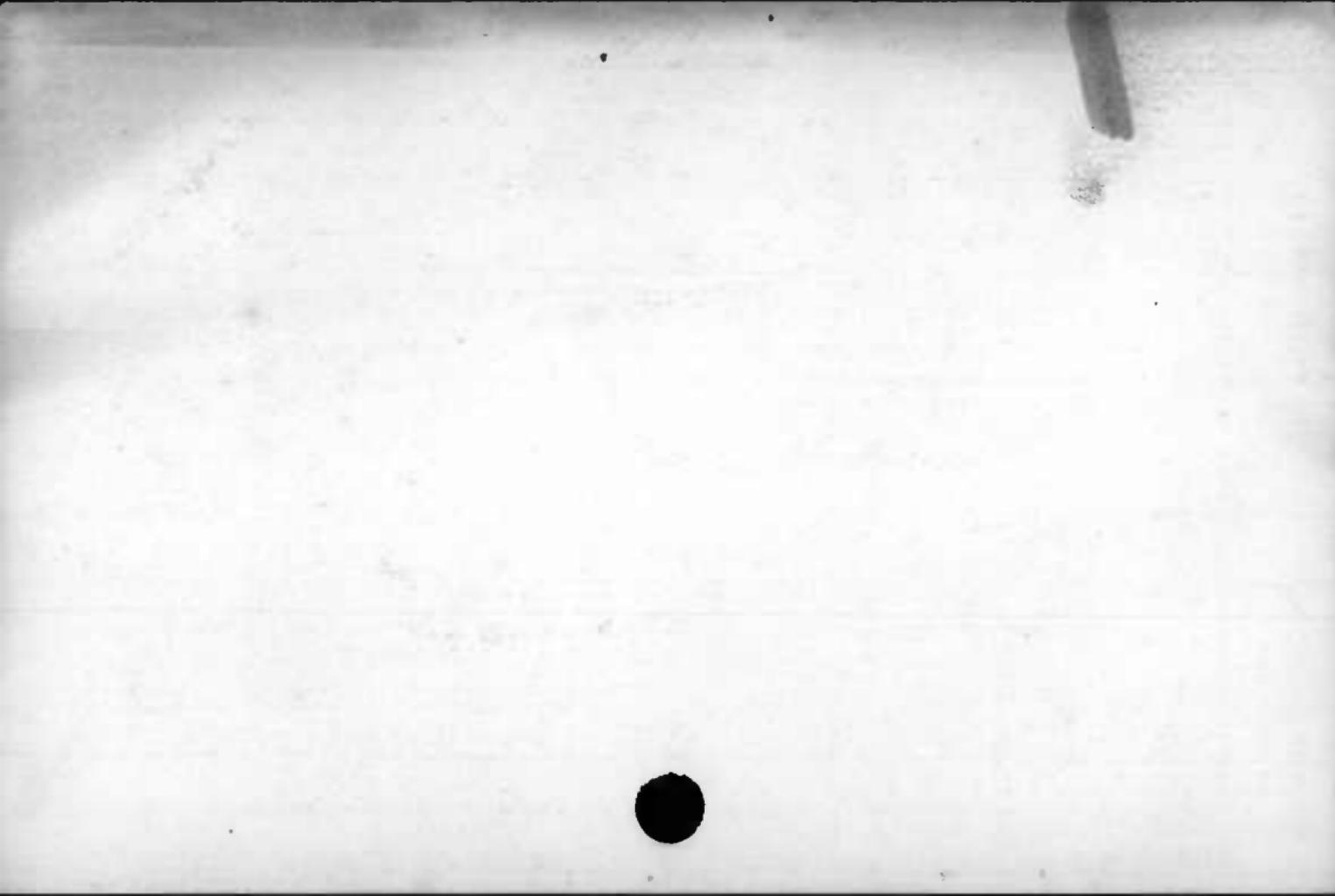
Yes

Signature of Physician

Address

Bas. H. Kline  
Abundene Md.

Accident or Suicide?



Name  
in  
Full

Laura Louisa Rice

CERTIFICATE OF DEATH

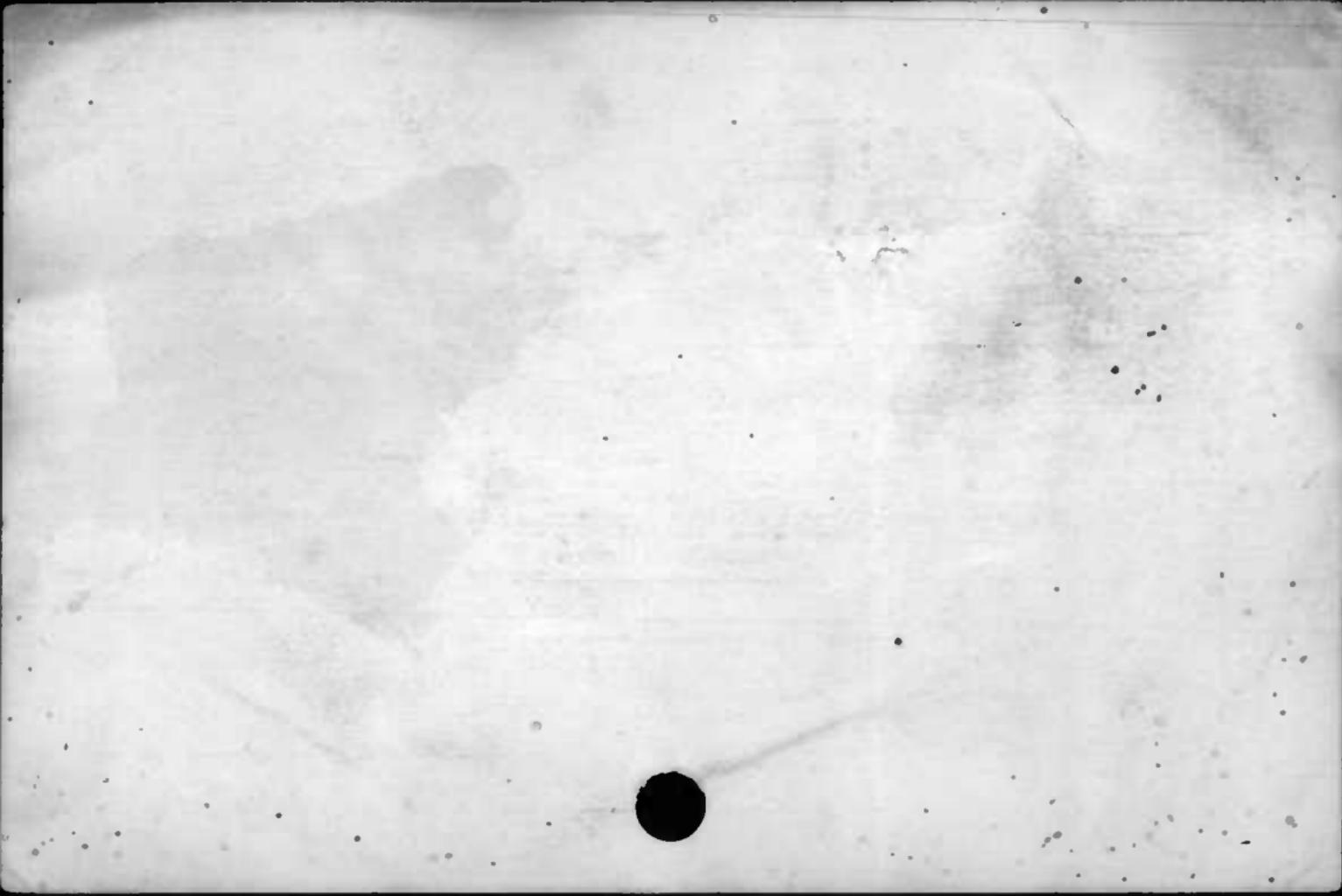
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Rice			Father's Birthplace	Cooperstown
Mother's Maiden Name	Laura Lands			Mother's Birthplace	Clemont Hill
Name of person giving Information	Father			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Extensive burns		How long
Immediate	Shock		about 12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide?		Accident	Hanover, Md.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Narcissa May Robinson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death			Magnolia
Married, S. [initials] or W. [initials]	Name of Wife or Husband	Charles R Robinson		
Father's Name	Father's Birthplace			Md.
Mother's Maiden Name	Mother's Birthplace			Md.
Name of person giving information	How related to deceased			Sister-in-Law Mrs Wood.

CAUSES OF DEATH

Primary

Encephalitis

(18)

How long

Four days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

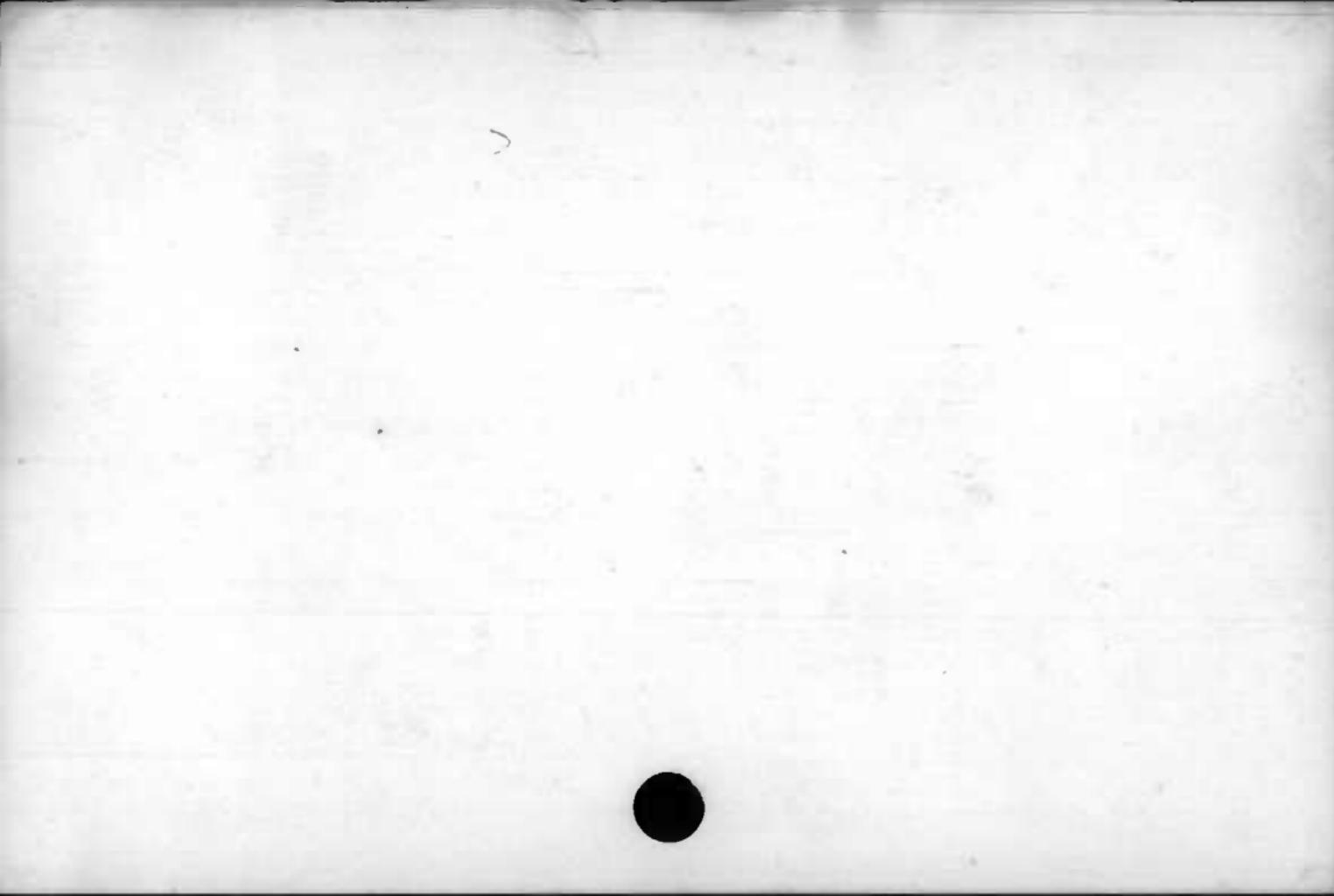
Signature of Physician

Address

J. H. Thier

Perryman Md.

Accident or Suicide?



Daniel M. Lindsey

Died at	Town Berryman	County Hagerstown	MARYLAND
Date 19	Month 10	Day 29	Native of
	Age 53	Y. M. D. 11 18	Occupation Waiter
Male	White	Married	Divorced
Female	Colored	Single	Widower
Husband of	Number of children living /		
Wife			

Father's Name	William J. Lindsey	Mother's Maiden Name	Francis A. Smith
---------------	--------------------	----------------------	------------------

Cause of Death	Primary Tuberculosis,	How long sick Don't know
	Immediate Lung Disability	Not a Accident Suicide Homicide

Reported by	J. W. Strom
Address	Berryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Anna Springs

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County				
Died at	Pomona Dublin		Harford				
Date of death	Month	Day	Years	Months	Days		
1905	10	29	38	4	8		
Sex	Female	Color or Race	Colored				
Occupation	House keeping						
Where Residing if not at place of death	Baltimore						
Married, Single or Widowed	Name of Wife or Husband		Anna Springs				
Father's Name	Thomas Ashton		Thomas Ashton				
Mother's Maiden Name	Anna Cornish		Baltimore				
Name of person giving Information	Georgie Ashton		Sister in law				

CAUSES OF DEATH

Primary      Excessive Use of Opiates.

Immediate      Dropped.

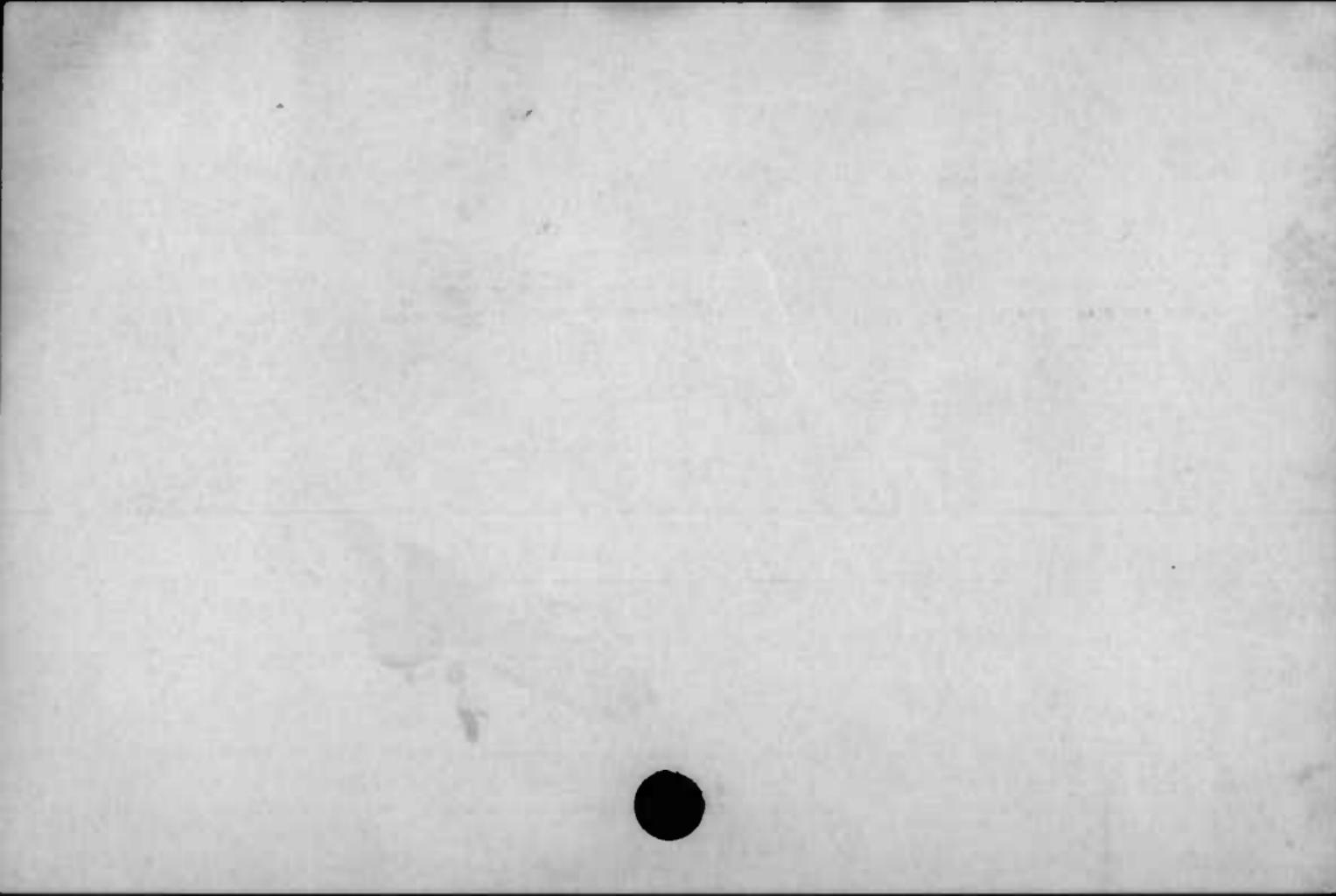
Are the name, age, sex, color, date and place correctly given above? Yes.

How long      Three years.

How long      Two months.

Signature of Physician      J. H. Springs, M. D.  
Address      Easton, Md.

Accident or Suicide?



Name in Full

Certificate of Death

Myrtle Stansbury

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1905

Oct 4

Age

?

Occupation

State

White

Widow

Divorced

Female

Colored

Married

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

James Stansbury

Mother's  
Maiden Name

Mary Taylor

Cause of

Primary

How long sick

Death

Immediate

Pneumonia

7 days

Accident, Suicide, Homicide

Reported by

Is Dabson &amp; Sons

Address

Dr Charles Hill • Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Ray Theodore Stoover

CERTIFICATE OF DEATH

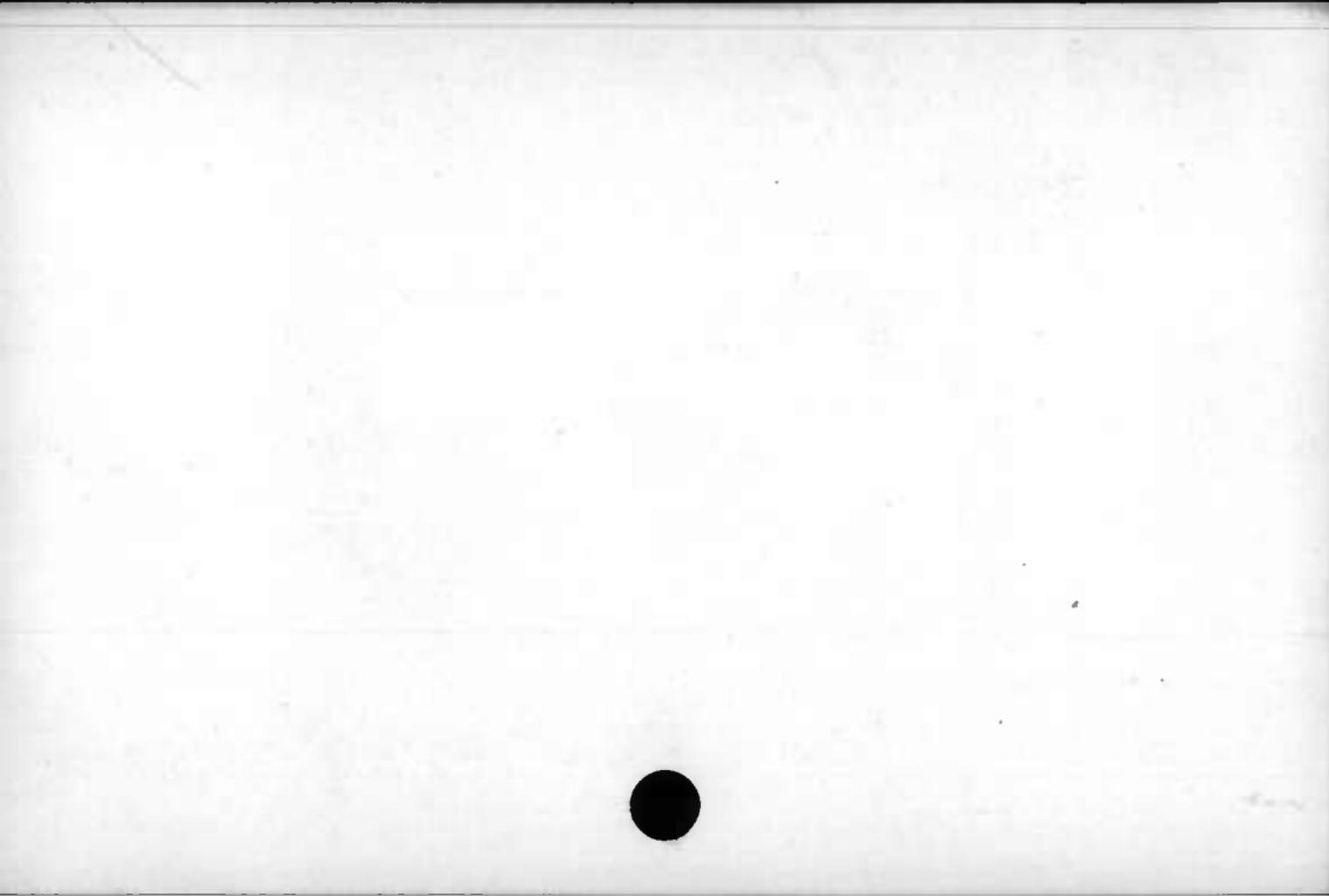
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Midway</u>		Town	County <u>Ford</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>12</u>	Years _____	Months <u>9</u>	Days _____	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>New Midway</u>		<u>" "</u>		
Occupation _____		Where Residing if not at place of death _____				
Married, Single or Widowed _____	Name of Wife or Husband _____					
Father's Name <u>Chas Stoover</u>	Father's Birthplace <u>New Midway</u>					
Mother's Maiden Name _____	Mother's Birthplace _____					
Name of person giving information <u>C. L.</u>	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Measles</u>	How long	<u>2 wks.</u>
Immediate	<u>Auto - intoxication</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>M. H. F. Hale</u>
<u>Yes</u>		Address	<u>MD.</u>
<u>Hoodshoro</u>			
Accident or Suicide?			



Name  
in  
Full

Robert Watters

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	
Died at	Hagerstown	
Date of death	Month	Day
1905	10	21
Age	Years	Months
80		Months
Sex	Color or Race	Days
Male	Black	Days
Occupation	Where Residing if not at place of death	
Farm laborer	Maryland	
Married or Widowed	Name of wife or husband	
Widowed		
Father's Name	✓	
Mother's Maiden Name	✓	
Name of person giving information	Caroline Johnson	
How related to deceased None		

(20)

Father's Birthplace

Mother's Birthplace

How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Hepatitis Chronic

How long

✓

Immediate

Exhaustion

How long

✓

Are the name, age, sex, color, date and place correctly given above?

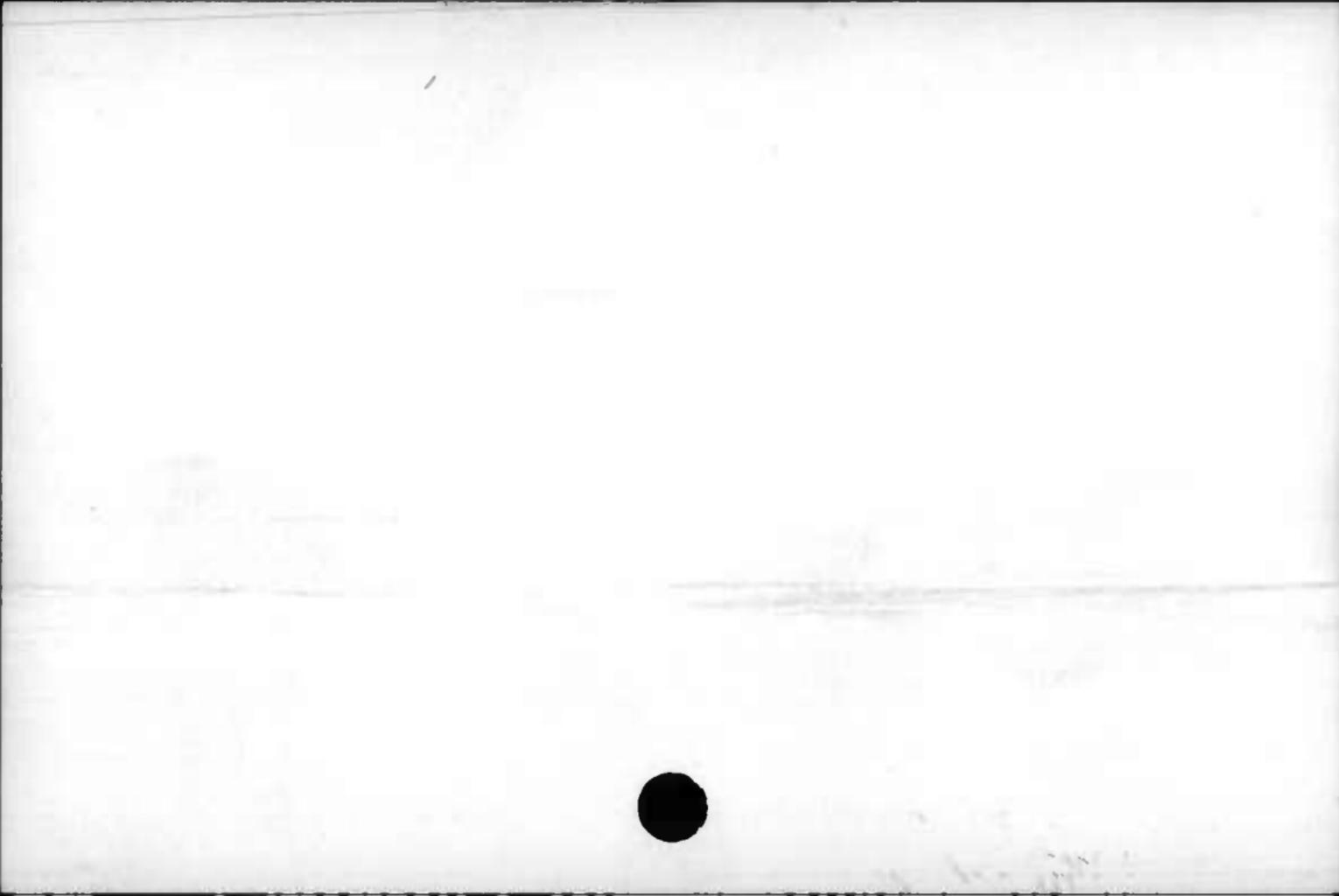
Yes

Signature of Physician

Address

Pennell Sappington  
Belair

Accident or Suicide?



Name  
in  
Full

Humphrey Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 10	Day 19	Years 87	Months -	Days -
Sex Male	Color or Race White	Birth-place Hazard Co			
Married, Single or Widowed	Occupation Farmer				
Name of Wife or Husband	Sarah Anna Wilson				
Father's Name	Humphrey Wilson	Father's Birthplace Hazard Co			
Mother's Maiden Name	Alessandra Cely	Mother's Birthplace Hazard			
Name of person giving information	Phil D. Wilson	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Old Age How long

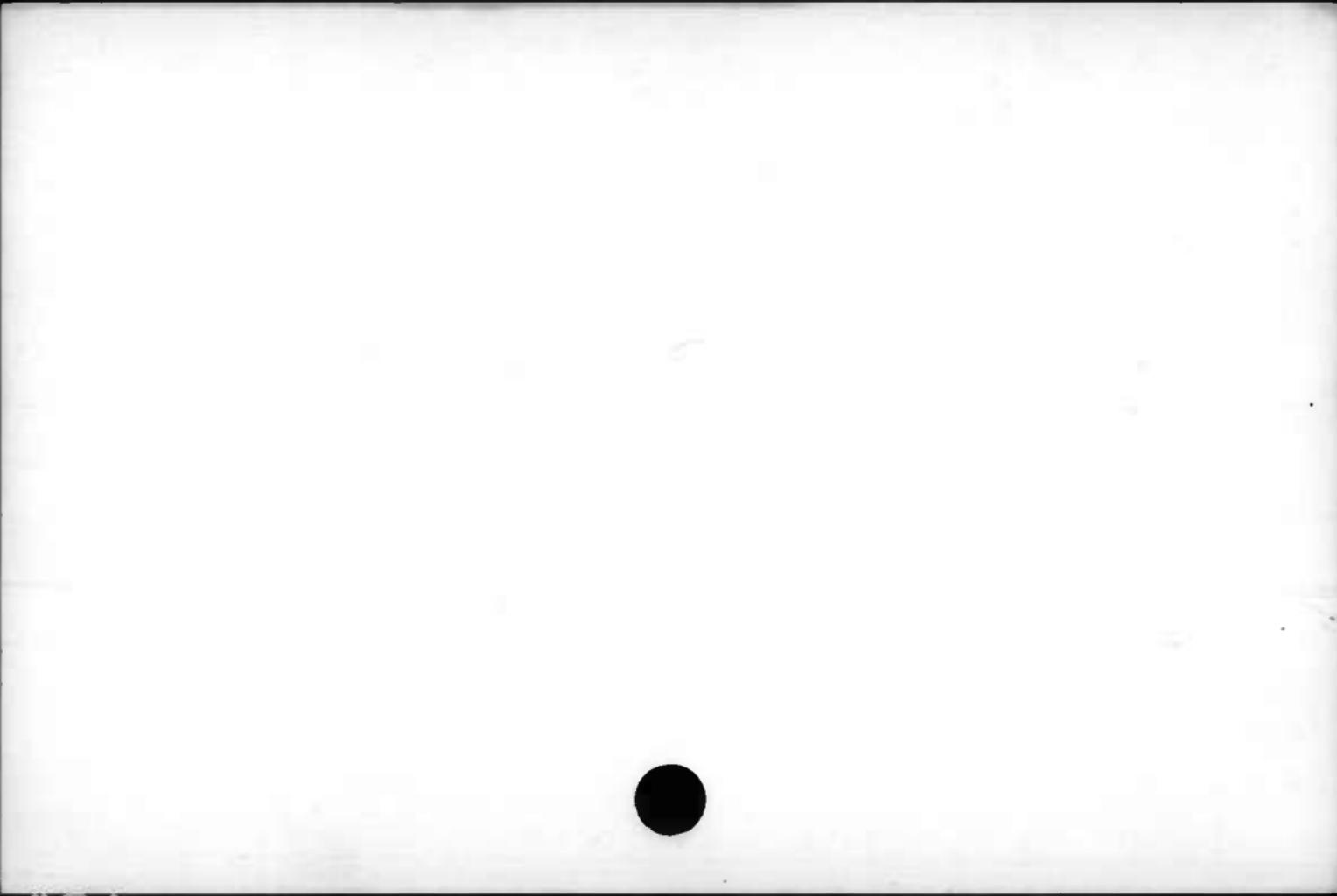
Immediate Cystitis How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Florence Wright.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Haiford		County		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Colored		Birth-place	Haiford Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Daugh	Name of Wife or Husband				
Father's Name	Mrs Wright			Father's Birthplace	Pa -	
Mother's Maiden Name	Lizzie Pitt			Mother's Birthplace	Haiford Co. Md.	
Name of person giving information	Mrs Wright			How related to deceased	Father	

CAUSES OF DEATH

Primary Convulsions

71

How long

one day

Immediate Exhauation

How long

Chas F. Knite

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Abundine.  
red.

Accident or Suicide?

